

Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)

C. Pest Management Area(s) (use additional pages for each Pest Management Area)

Pest Management Area# 1 of ## 1

1. Have any discharges from pest control activities occurred in this calendar year?

a. ☐ No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.

b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

a. ☒ Mosquito and Other Flying Insect Pest Control b. ☐ Weed and Algae Pest Control

c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Treatment area is all of Shelby County Tennessee

b. Size of treatment area (in acres or linear feet): 50,760 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

See appendix A Table 1

d. Target Pest(s): Mosquitoes

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☒

Company Name: _____

Street: _____

City: _____ State: ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.

Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name Vectolex CG

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. 73049-20

Application method:

a. ☐ Aerially by fixed-wing _____ lbs or gallons

b. ☐ Aerially by rotary aircraft _____ lbs or gallons

c. ☐ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons

e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons

f. ☐ Chemigation _____ lbs or gallons

g. ☒ Other (specify): Broadcast 2,346.8 lbs or gallons

Product Name Vectobac G

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. 73049-10

Application method:

a. ☐ Aerially by fixed-wing _____ lbs or gallons

b. ☐ Aerially by rotary aircraft _____ lbs or gallons

c. ☐ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) _____ lbs or gallons

d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons

e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons

f. ☐ _____ lbs or gallons

g. ☒ Other (specify): Broadcast 1,722.1 lbs or gallons

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- b. ☒ Yes. Proceed to question 2.

2. Indicate the pesticide use pattern for the Pest Management Area:

- a. ☒ Mosquito and Other Flying Insect Pest Control b. ☐ Weed and Algae Pest Control
- c. ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control

3. For each treatment area (use additional pages for each treatment area):

a. Provide a description of the treatment area within this Pest Management Area, including location description:

Treatment area is all of Shelby County Tennessee

b. Size of treatment area (in acres or linear feet): 50,760 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

See appendix A Table 1

d. Target Pest(s): Mosquitoes

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☒

Company Name: _____

Street: _____

City: _____

State:

ZIP Code: _____

Contact: _____

Phone: _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name GB-1111

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. 8329-72

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 1.6 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

Product Name Agnique MMF

Quantity Applied (lbs or
gallons
of product):

EPA Reg. No. 53263-28

Application method:

- a. ☐ Aerially by fixed-wing _____ lbs or gallons
- b. ☐ Aerially by rotary aircraft _____ lbs or gallons
- c. ☒ Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 120.7 lbs or gallons
- d. ☐ Aquatic vehicle mounted sprayer _____ lbs or gallons
- e. ☐ Direct mixture (includes metering, subsurface applications) _____ lbs or gallons
- f. ☐ Chemigation _____ lbs or gallons
- g. ☐ Other (specify): _____ lbs or gallons

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a. Provide a description of the treatment area within this Pest Management Area, including location description:

Treatment area is all of Shelby County Tennessee

b. Size of treatment area (in acres or linear feet): 504,760 acres or _____ linear feet.

c. Name or location of any waters of the state to which discharges occurred:

See appendix A Table 1

d. Target Pest(s): Mosquitoes

4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A): ☒

Company Name: _____

Street: _____

City: _____

State:

ZIP Code: _____

Contact _____

Phone _____

E-mail: _____

5. Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: ☒ Yes ☐ No ☐ Not Applicable

6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method.
Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.

Product Name	Quantity Applied (lbs or gallons of product):	Product Name	Quantity Applied (lbs or gallons of product):
<u>Kontrol 4-4</u>			
<u>EPA Reg. No.</u>			
Application method:			
a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons	a. <input type="checkbox"/> Aerially by fixed-wing	_____ lbs or gallons
b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons	b. <input type="checkbox"/> Aerially by rotary aircraft	_____ lbs or gallons
c. <input checked="" type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>4,172.5</u> lbs or <u>gallons</u>	c. <input type="checkbox"/> Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	_____ lbs or gallons
d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons	d. <input type="checkbox"/> Aquatic vehicle mounted sprayer	_____ lbs or gallons
e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons	e. <input type="checkbox"/> Direct mixture (includes metering, subsurface applications)	_____ lbs or gallons
f. <input type="checkbox"/> Chemigation	_____ lbs or gallons		_____ lbs or gallons
g. <input type="checkbox"/> Other (specify): _____	_____ lbs or gallons	y): _____	_____ lbs or gallons

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. A false statement is subject to the penalties of perjury.

Printed Name: Jason Tyler Zerwekh
Title: Administrator
E-Mail: Tyler.Zerwekh@shelbycountyttn.gov
Signature/Responsible Official: [Signature] Date: 01/27/2015

Annual Report Preparer (Complete if the Annual Report was prepared by someone other than the certifier)

Preparer Name: Ture Carlson
Organization: Shelby County Health Department
Phone: 901 222 9715 Date: 01/20/2015
E-Mail: Ture.Carlson@shelbycountyttn.gov